PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fe-	fee((8),	, to:	\mathbf{M}
---	------	------	-------	--------------

all Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Paton, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

AUG 2 7 2010

186

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of se

7590

06/24/2010

M. P. Williams 210 Main Street Manchester, CT 06040

08/30/2010 CCHAU2 00000011 501307

01 FC:1501 02 FC:1504 1510.00 DA 300.00 DA

A TRADEMA 10765737

Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmitted is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Barbara Cecere	(Dopositor's name)
Partira lecre	(Signature)
8/21/10	(Duio)
· · · · · · · · · · · · · · · · · · ·	

APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT:	TORNEY DOCKET NO.	CONFIRMATION NO.
10/765,737	01/27/2004	,	Carl A. Reiser		C-3363	1103
TITLE OF INVENTION	I: PREVENTING FUEL	STARVATION OF A FI	JEL CELL STACK			
					•	,
APPLN. TYPE	SMALL ENTITY	ISSUE FRE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUÉ FEI	S TOTAL FEE(\$) DUE	DATE DUE

APPLN. ITPE	SMALL ENTILE	ISSUE PRE DUE	FUBLICATION FEE DUE	FREV. FAID ISSUEFED	(O1907 L4TE(2) DOR	DATEBOR
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/24/2010
EXAMINER APICELLA, KARIE O		ART UNIT	CLASS-SUBCLASS			
		1795	429-400000	•		
I. Change of correspondence address or indication of "Foc Address" (37 CFR 1.363). All Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. UFcc Address indication (or "Fec Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternative (2) the name of a single registered attorney or a	3 registered patent attorniely, c firm (having as a member gent) and the names of up meys or agents. If no name	<u>era</u> 2	illiams
	lless an assigned is ident th in 37 CFR 3.11. Com		THE PATENT (print or ty; data will appear on the print a substitute for filing and (B) RESIDENCE: (CITY			umont has been filed for

1. Change of correspondence address of indication of "Fee Address" (37 CFR 1.363). XXI Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney of agent) and the names of up to
 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED OF PLEASE NOTE: Unloss an assigned is identified below, no essign. 	N THE PATENT (print or type) of data will appear on the patent. If an assignce is identified below, the document has been filed for for a substitute for filing an assignment.
(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)
UTC Power Corporation	South Windsor, CT
Please check the appropriate assignce category or categories (will not be 4a. The following fee(s) are submitted:	4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)
XXX Publication Fee (No small entity discount permitted)	Payment by credit cord. Form PTO-2038 is attached. (Order No. C-3363)
Advance Order - # of Copies	The Director is hereby authorized to charge the required fee(s), any deficioncy, or oredit any overpayment, to Deposit Account Number 50-1307 (enclose an extra copy of this form).
5. Change in Enrity Status (from status indicated above)	
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
NOTE: The Issue Fee and Publication Fee (if required) will not be acceptinterest as shown by the records of the United States Patent and Tradems	ted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in ark Office.
Authorized Signature MWWilliams	Date 8/27/10
M D 114334 ama	10.000

M. P. Williams Typed or printed name_

19,220 Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commorce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.